Exploring social and healthcare representations about home birth: An Integrative Literature Review

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Abstract

Aims: Exploring social and healthcare representations of home birth by conducting an integrative review of the literature.

Design: Integrative Literature Review.

Data sources: The search was based on the following keywords: birth home, home birth, planned home birth, childbirth home and empowerment women homebirth (in English), parto en casa, parto en domicilio (in Spanish) in the following databases: PubMed, Cochrane library, Cochrane plus, Scopus, Biomedical Central, DOAJ, Lilacs, Dialnet, Scielo and Web of Science.

Review methods: A total of 156 publications dated between 2004 and 2017 were initially obtained and a total of 41 articles were finally selected according to criteria of inclusion, methodological rigour and researchers' triangulation**.**

Results: Four dimensions of the issue emerged out of the 41 articles analysed: 1) the Emancipating Dimension of Childbirth. 2) the Dimension of Comparative Socio-Medical Childbirth Studies. 3) the Institutional Dimension of Childbirth. 4) the Cultural Dimension of Childbirth**.**

Conclusion: From the health management perspective, home birth is not widely accepted today as a valid and safe alternative. However, women's social representations indicate an interest in returning to birth at home as a response to the excessive medicalization and institutionalization of childbirth, and value highly its autonomy and comfort.

Keywords: Social representations, Childbirth home, Integrative review**,** Midwives.

Background

In 1985, the Pan American Health Organization, as well as the World Health Organization (WHO) Regional Office for Europe and Regional Office for the Americas, met in Fortaleza to review appropriate technologies for childbirth and prenatal care (WHO, 1985). In 1993, the Department of Health of the United Kingdom issued the "Changing Childbirth" report that contributed to redefining the birth care model (Department of Health of the United Kingdom, 1993). Meanwhile, in Latin America, violence directed towards pregnant women in health care became object of controversy, and excessive medicalization during childbirth was classified under "Obstetric Violence" acts (Diniz et al., 2015). This latter concept was used for the first time in 2007 in the Organic Law on the Right of Women to a Life Free of Violence in Venezuela (Chapter III, Article 15, No. 13).

In 2014, the WHO issued a statement on "The prevention and elimination of disrespect and abuse during facility-based childbirth" establishing the right of all women to receive dignified and respectful treatment during pregnancy and birth (WHO, 2014). Today, several social movements have included obstetric violence in their gender programmes, mentioning home birth as one of the possible responses to acts of gender violence towards pregnant women (Sadler et al., 2016; Sena & Tesser, 2017). In this sense, women have been explicit about home birth, describing how the decision brings them satisfaction and autonomy (Murray-Davis et al., 2012; Preis et al., 2018).

According to the American Society of Obstetrics and Gynecology, it is important to inform pregnant women that although planned home birth is associated with fewer maternal interventions than planned hospital birth, risk of perinatal death is more

than double (ACOG, 2017). For its part, the International Confederation of Midwives states that giving birth at home with the help of a midwife is a valid as well as safe option and that women have a right to it (ICM, 2017).

When discussing a possible return to home birth, it is important to consider the expectations, experiences and social representations of women who have already experienced home birth. This study aimed at exploring the experiences of women who have given birth at home, the social representations underlying their decisions, and health professionals' reactions to the home birth movement.

Methodology

Whittemore et al., (2014) distinguished seven types of literature review. For the purposes of this research the integrative literature review technique was chosen as it focuses on synthesising methodological knowledge, theoretical knowledge and implemented research outlining a conclusion on a specific topic.

We opted for this methodology because the aim of the study was to achieve a comprehensive understanding by exploring health and social representations of home birth. The study lasted 9 months from September 2017 to June 2018.

Regarding our methodological framework, we applied the Cooper (1982) model. The model describes five steps to follow when carrying out an integrative literature review:

1. Problem formulation

Social representations of home birth depend on different social contexts. Therefore, to understand them, we had to consider qualitative studies that reflected

women's perspectives as well as institutional and medical policy standpoints. Our integrative literature review thus allowed to explore social home birth perceptions and include scientific contributions based on women's experiences and the different approaches of health teams and institutions.

2. Data collection

A bibliographic search was carried out based on the terminology proper to home birth research. Seven key words were identified: "birth home", "home birth", "planned home birth", "childbirth home" and "empowerment women homebirth", in English language databases; and "*parto en casa*" and "*parto en domicilio*", in Spanish.

2.1. Search methods

Once the key descriptors were defined, articles were selected according to keywords in their titles and abstracts in the following databases: PubMed, Cochrane library, Cochrane plus, Scopus, Biomedical Central, DOAJ, Lilacs, Dialnet, Scielo and Web of Science. The total number of selected articles was 156**.**

2.2. Inclusion criteria

Articles written in English and Spanish were included, as well as studies in Portuguese since the key words used appeared in English in the abstract, though the rest of the text was in Portuguese. Articles that used qualitative methodologies in their research.

Out of the 156 scientific articles, a total of 115 publications met the inclusion criteria, covering the period between 2004 and 2017.

2.3. Criteria of methodological rigour

The list of questions from the Standards for Reporting Qualitative Research (SRQR) (O`Brien et al., 2014) and the Enhancing Transparency in Reporting the Synthesis of Qualitative Research (ENTREQ) (Tong et al., 2012) were used to evaluate the methodological rigour of the 115 selected articles**.**

2.4. Validity criteria

We used the research team's triangulation method to search, analyse and discuss articles from a sociological and obstetric perspective contributing to the quality and variability of the research. The application of this criterion led to a final selection of 41 articles out of the previous total of 115 (see Figure 1).

3. Data evaluation

All 41 evaluated studies referred to the emancipatory potential of women's home birth decisions. They also included comparative factors of home and hospital birth, medical and institutional positions, and finally, cultural perceptions of home birth.

The methodological structure of the 41 articles was qualitative in all cases, including ethnographies, life histories and case studies. Structured and semi-structured individual and group interviews were the most widely used data collection techniques.

4. Data analysis

A semantically oriented analysis of the data was conducted during the article selection phase and later when drawing results (Roberts et al., 2010).

After analysing the 41 selected articles, we identified 4 dimensions based on the purpose of the studies. Those 4 dimensions were later sub-divided into three subdimensions each (see Table 1).

5. Results

a) Emancipating Dimension of Childbirth

A total of 22 out of 41 selected articles focused on this dimension (see Table 2).

The **Empowerment of women** sub-dimension focused on the importance of women's active role during childbirth. Women reported to have experienced traumatising treatment during conventional hospital care as their decisions were not taken into consideration. This led them to look for alternative child birth options and a suitable carer that would show respect towards their decisions (Rigg et al., 2017). Inflexible policies and attitudes within health institutions drive women to look for other birth options, since they feel aversion towards reliving traumatising hospital-based treatment during their pregnancy (Keedle et al., 2015). Negative experiences during previous pregnancies associated with childbirth, obstetricians or hospitals are described as the main reasons women decide to give birth at home (Lothian, 2010). Fewer medical interventions during home birth constitute an additional reason.

Women explain that they try to avoid routine interventions as the latter make childbirth difficult; they also mention that these procedures do not help them to give birth (Boucher et al., 2009; Bernhard et al., 2014).

Women refer to safety as a major feature of home birth because the delivery unfolds in a comfortable, quiet and familiar place, surrounded by people of their choice (Medeiros et al., 2008). They also explain that home birth, in contrast to

hospital birth, allows them to build trust in their midwife's abilities, and to feel supported and empowered by them (Jansen et al., 2009; Lindgren et al., 2010).

The autonomy that accompanies home birth decisions gives them confidence regarding their ability to give birth and to manage the pain. Their positive experiences lead them to encourage other women and parents to adopt similar home birth decisions (Jouhki, 2012). In this sense, information plays a major role: knowledge and experience networks emerge fostering awareness and dissemination. These networks are essential to understand home birth from a social perspective (Lessa et al., 2014). Women understand that information must be acquired before and during their pregnancy since lack of information is the main obstacle to making the decision to give birth at home (Sanfelice et al., 2015). Information networks are also described as a validation mechanism of information received elsewhere, through self-directed learning and sharing of experiences among women (Feeley et al., 2016). It is worth noting, however, that access to information nowadays mainly concerns medium to high socioeconomic levels of society; women who choose home birth are often settled in their homes, have university education and social security (Silveira et al., 2013); the majority also contribute to the household budget, relate to other women in different environments and social networks, and experience home birth as a way of life (Lessa et al., 2014). Empowerment turns women into active subjects during their pregnancy (Laza, 2011) as they demand respect for their individuality, their bodies and the physiology of birth. They wish to have a loving and comforting childbirth experience, accompanied by people of their choice, during which they are listened to and respected as active and conscious subjects (Sanfelice et al., 2016); they seek a childbirth experience that supports their lifestyles, values, beliefs and is

devoid of preconceptions (Collaço et al., 2017).

The subdimension of **Body Sovereignty** refers to the importance women attach to retaining control over their own bodies and connecting with them, which boosts their self-confidence throughout pregnancy and childbirth. Social perceptions of the body are directly linked to the notion of autonomy, understood as an increase in their abilities or freedom (Sanfelice et al., 2015). Women giving birth at home feel they control their own bodies and are deeply confident about dictating its actions. However, they are also subject to negative opinions around them, including medical stances that question their decision (Jouhki et al., 2017).

These latter situations are associated with the **Counter-Hegemony Policy** subdimension, as women's home birth decisions represent a provocation to established forms and authoritative knowledge (Cheyney, 2008). Home birth decisions can thus be understood as a rebuttal of medical narratives advancing a unique childbirth model, challenging the idea that obstetricians are the indisputable experts in the field. This counter-hegemony is a consequence of the empowering knowledge women acquire during their gestation, giving them the agency as well as the ability to guide the course of their own pregnancy by questioning medical hegemony (Worman-Ross et al., 2013). In other words, refusing to submit to the current hegemonic obstetric assistance model allows women to deconstruct the concept that hospitals are the unique possible place of birth; this rejection generates a form of disapproval these women must then face to defend their right to choose the place of birth best suited to their needs (De Castro, 2015).

b) Dimension of Comparative Socio-Medical Childbirth Studies

A total of 7 scientific articles fell under this category (see Table 3).

The **Home versus Hospital** subdimension debate has a long history: not only are physical locations compared, but opposite birth ideologies can be found. Health institutions have been strongly criticised for their childbirth and medicalization approaches: it is necessary to understand that home birth is not a mere alternative to hospital delivery but rather an experience that procures a different meaning to childbirth and the place in which it unfolds (Burns, 2015). The hospital scenario is associated with more laborious, prolonged deliveries, subject to increasing medical intervention whereas home childbirth is reported by women to be more natural and human that allows them to have a central and active role (Delgado et al., 2017). Another major factor is that in some countries, home birth lacks legislation and financing. In those countries, women have no other choice but to give birth in health centres due to the high costs associated with professional childbirth help at home. Conversely, in some countries such as the United Kingdom, home birth is considered to save money, as vaginal delivery costs less at home than at the hospital (Ortega et al. al., 2017).

Thus, in the **Cost versus Effectiveness** sub-dimension**,** home birth has been shown to be more profitable and cheaper than hospital birth, though this varies according to each State and community health system, as well as the coverage and expenses proper to different health policies (Fernández, 2017).

When exploring the sub-dimension of **Security versus Insecurity**, according to medical discourse, hospitals are safer for healthy and living newborns because childbirth is regarded as a risky procedure that hospitals can face providing safety

and care (Snowden et al., 2011). Nonetheless, levels of home birth safety and hospital birth safety can be deemed similar, since no significant differences are found when disaggregating maternal and neonatal morbidity and mortality rates. The implication is that assisted home birth entails fewer medical interventions, in turn susceptible of generating pathological consequences for women. On the other hand, home birth safety is conditioned by the fact that childbirth must have a low perinatal risk level and be attended by qualified midwives (Martínez et al., 2016). Perceptions of home birth safety and risks depend on the presence of diseases during previous or current pregnancies, lack of information on possible occurrences or procedures, and absence of support by a qualified professional for home birth care. Therefore, when these conditions are fulfilled satisfactorily, women report feeling safe and experience complete well-being when giving birth at home (Borda, 2001).

c) Institutional Dimension of Childbirth

Seven scientific articles were analysed and categorised into the subdimensions below (see Table 4).

According to **Health Professionals** the home environment can be safe, but subject to certain requirements, such as prior planning, low-risk pregnancy, monitoring during prenatal preparation, labour and postpartum, having all necessary medical equipment available, and finally, disposing of a transdisciplinary network in case of needing a referral. Health professionals also emphasise that they have an essential role because they are constantly in direct contact with patients; childbirth should therefore be understood as something more than a biological event (Frank et al., 2013). However, some professionals believe that home birth is not sufficiently

backed culturally and professionally; they point to the lack of adequate technology, infrastructure, and training of medical personnel as major factors to consider, and that home birth is outdated given current medical advances (Matão et al., 2016).

Some professionals advise against giving birth at home, while also supporting women's right to choose. Clearly, there is some confusion about the benefits of home birth as many professionals report not being familiar with the scientific literature on planned home birth (Rainey et al., 2017).

Governmental Institutions and International Corporations point to the difficulty in grappling with different public (hospital) and private (home birth) legislative domains in case of complications (Chevernak et al., 2017). We thus found suggestions to extend home birth regulations and financing as midwife-assisted home childbirth is associated with better birth outcomes, fewer obstetric interventions (CAM-ACSF, 2013) and access to home birth for rural women and women with low-risk pregnancies can be thus improved. The sociodemographic characteristics of rural communities may affect the experience of childbirth (SOGC, 2010): therefore, it is important to encourage protocols in this area, since homes provide a setting for childbirth in which women feel they are at the heart of the whole process (ACNM, 2015).

d) The Cultural dimension of childbirth

A total of 5 scientific articles fell under this dimension (see Table 5).

Refers to women's preference for midwife-supported home birth because of physical distance, financial constraints or poor hospital facilities (Titaley et al., 2010; Laza, 2015). Another reason is the influence of families and husbands: in many

cases, other women in the family had underwent home births thus leading to a family tradition that is expected to be perpetuated (Sialubanje et al., 2015). In this sense, home birth has been related to understanding a woman as a whole person, part of a cultural system based on beliefs and values. Taking these aspects into account makes us reflect on today's professional practices (Cecagno et al., 2004). In addition, homes where deliveries unfold are considered sacred because of the emotional value gained during the physiological process; understanding these rituals contributes to the medical team's cultural empathy: by situating the team in the place where the birth occurs, they become part of an integral birth care perspective (Silveira et al., 2013).

Discussion

Home birth is approached from multiple perspectives in the literature and contrasting views can be found. One research line is that of the Emancipating Dimension of Childbirth: results in this field show how women are empowered when deciding to have a professionally-assisted home birth (Jouhki, 2012; Lessa et al., 2014). Home birth decisions are supported by access to information before and during pregnancy (Silveira et al., 2013; Lessa et al., 2014; Sanfelice et al., 2015; Feeley et al., 2016). However, according to Helena Lindgren et al., (2016) information obtained by pregnant women leads them in many cases to give birth at home without any professional help, due to a rejection of the hegemonic medical and institutional model (Worman-Ross et al., 2013).

Research included in the Dimension of Comparative Socio-Medical Childbirth Studies emphasises the importance of giving birth within healthcare institutions,

where mothers receive greater comfort and security (Burns, 2015). However, according to women's narratives, a greater number of medical interventions take place in centres than at home (Boucher et al., 2009; Bernhard et al., 2014; Delgado et al., 2017). Results relating to the institutional dimension of childbirth reveal differences with the discourse of international institutions and health professionals. The latter do not support home birth as they associate home birth with insecurity and higher perinatal mortality rates (Frank et al., 2013; Matao et al., 2016). Despite the WHO's international recommendations (WHO, 2015) as well as a number of studies that validate birth care at home (De Jonge et al., 2009; ACNM, 2015; Rigg et al., 2017; Scarf et al., 2018), health professionals do not suggest it is a valid and safe option (Rainey et al., 2017). Regarding the Cultural Dimension of Childbirth, results can be understood to support the stance of health professionals mentioned above, as sociodemographic factors and financial limitations can represent negative birth care factors (Titaley et al., 2010). However, when necessary conditions are fulfilled, women choose to be attended by midwives in their homes, as this makes them feel safer (Cecagno et al., 2004; Laza, 2015).

To finish, one of the study's limitations was that it only reviewed studies based on a qualitative methodology. Relevant information described in quantitative or mixed studies may have been omitted.

Conclusion

From the health management perspective, home birth is not widely accepted today as a valid and safe alternative. However, women's social representations indicate an interest in returning to birth at home as a response to the excessive

medicalization and institutionalization of childbirth, and value highly its autonomy and comfort. The conclusion is that there is no decisive scientific evidence indicating the ideal place to give birth. We recommend continuing with research that can produce scientific evidence of the scope and limitations of childbirth at home.

Explore social and healthcare representations, provides a solid basis in the home birth debate in order to contribute in a new academic paradigms and understandings of childbirth. It should also contribute to the training of professionals committed to women's sexual and reproductive health who respect their decisions and perceptions.

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Table 1: Data analysis

Dimension	Subdimension
a) **Emancipating Dimension of Childbirth**	Empowerment of women
	Body sovereignty
	Anti-hegemony policy
b) **Dimension of Comparative Socio-Medical Childbirth Studies**	Home versus hospital
	Cost versus effectiveness
	Security versus insecurity
c) **Institutional Dimension of Childbirth**	Health professionals
	Governmental institutions / International corporations
d) **Cultural Dimension of Childbirth**	Cultural perceptions

Table 2: Emancipating Dimension of Childbirth

a) Emancipating Dimension of Childbirth: Empowerment of women

Authors	Data base/Scientific journal	Year of publication	Title of the article	Objective	Methodology	Conclusion
Elizabeth Christine Rigg et al.	BMC/ BMC Pregnancy Childbirth	2017	Why do women choose an unregulated birth worker to birth at home in Australia: a qualitative study	The aim of this study is to explore the reasons why women choose to give birth at home with an Unregulated Birth Worker (UBW) from the perspective of women and UBWs.	Qualitative study using an interview guide.	Women who engaged UBWs viewed them as providing the best of both worlds this was birthing at home with a knowledgeable person who was unconstrained by rules or regulations and who respected and supported the woman's philosophical view of birth.
Hazel Keedle et al.	BMC/ BMC Pregnancy Childbirth	2015	Women`s reasons for, and experiences of, choosing a homebirth following a caesarean section.	This study aimed to explore women's reasons for and experiences of choosing a HBAC (homebirth after caesarean).	Qualitative study using interview techniques.	Inflexible hospital systems and inflexible attitudes around policy and care led some women to seek other options. Women report that achieving a HBAC has benefits for the relationship with their baby.

Authors	Data base/Scientific journal	Year of publication	Title of the article	Objective	Methodology	Conclusion
Claire Feeley et al.	BMC/ BMC Pregnancy Childbirth	2016	Why do some women choose to freebirth in the UK? An interpretative phenomenological study.	The aim of this study was to explore and identify what influenced women's decision to freebirth in a UK context.	An interpretive (hermeneutic)phenomenological approach was adopted.	Converging path of decision making, outlines the commonalities in women's narratives in terms of how they sought to validate their decision to freebirth, such as through self-directed research, enlisting the support of others and conceptualizing risk.
Celmira Laza Vásquez	DIALNET/ Evidentia: Revista de enfermería basada en la evidencia	2011	What and why is the best experience for women: the care of normal childbirth at home or in the hospital?	To understand the experiences of women who have been cared for in the natural homes or birth centers and in the hospital, and to discuss these experiences.	Qualitative study of descriptive type.	The women said they had all the freedom to express themselves about the process; Which made them active subjects in the birth of their son. They highlight special care and accompaniment throughout the process provided by midwives.

Authors	Data base/Scientific journal	Year of publication	Title of the article	Objective	Methodology	Conclusion
Clara Fróes de Oliveira Sanfelice et al.	DOAJ/ Rev. Eletr. Enf.	2016	Good practices in home births: perspectives of women who experimented birth at home.	This study aimed to identify which are the good practices that are part of this assistance to home birth, from the voice of women who experienced it.	A qualitative, exploratory and descriptive study.	Women are claiming for respect towards their individuality, their bodies and the physiology of delivering and birth, intrinsic of each person. They desire a loving and welcoming birth, with the participation of people from their choice who stimulate and encourage good practices.
Heloisa Ferreira Lessa et al.	Lilacs/ Text Context Nursing	2014	Information for the option of planned home birth: Women`s right to choose.	Aiming to describe women's process of choice in planned home birth.	Used the institutional ethnography of Dorothy Smith.	The information acts as a network of knowledge, reports and experiences in their symbolic dimensions, favoring the raising of consciousness and the social organization of support.

Authors	Data base/Scientific journal	Year of publication	Title of the article	Objective	Methodology	Conclusion
Judith A. Lothian	PubMed/ J Perinatal Educ	2010	How do women who plan home birth prepare for childbirth?	The aim was to describe the ways in which women who plan home birth prepare for their births.	Qualitative study of the experience of home birth are discussed.	The decision to have a planned home birth involved a great deal of information gathering and personal reflection. For some of the women, this happened before or early in the pregnancy; for others, a previous negative birth experience or a negative experience with an obstetrician or hospital during the current pregnancy.
H Lindgren et al.	PubMed/ Birth	2010	Women`s experiences of empowerment in a planned home birth: A Swedish population-based study.	This study aimed to describe the factors experienced as empowering during a planned home birth.	Questionnaire. The written birth stories were analyzed using content analysis and descriptive statistics.	Women who choose to give birth at home find empowering sources within themselves from their environment and from the active and passive support of persons they have chosen to be present at the birth.

Authors	Data base/Scientific journal	Year of publication	Title of the article	Objective	Methodology	Conclusion
Patricia A Janssen et al.	PubMed/ Birth	2009	The experience of planned home birth: Views of the first 500 women.	The purpose of this study is to report on the experiences of 559 women who had a planned home birth over a 2-year period in British Columbia, Canada.	The qualitative method of interpretive description.	Women felt strongly positive about their trust in their midwife's skill and knowledge, a sense of emotional support and empowerment attained through their relationship with the midwife, perceptions.
Debora Boucher et al.	PubMed/ J Midwifery Womens Health	2009	Staying home to give birth: Why women in the United States choose home birth.	This study describes the reasons that women in the United States choose home birth.	A qualitative descriptive secondary analysis was conducted in a previously collected dataset obtained via an online survey.	The most common reasons given for wanting to birth at home were: 1) safety; 2) avoidance of unnecessary medical interventions common in hospital births; 3) previous negative hospital experience; 4) more control; and 5) comfortable, familiar environment. Another dominant theme was women's trust in the birth process.

Authors	Data base/Scientific journal	Year of publication	Title of the article	Objective	Methodology	Conclusion
Maija-Riitta Jouhki	PubMed/ Women Birth	2012	Choosing homebirth-The women`s perspective.	To describe the decision-making process and birth experience of ten women in Finland who had planned to have a home birth.	The data were collected by means of in-depth interviews in 2008 and were analyzed using qualitative content analysis.	To the women of this study home birth was very positive experience in which the autonomy was the important factor. According to this study maternity care services do not respond to women's individual wishes and services should be offer more alternatives and should be more empowering.
Clara Fróes de Oliveira Sanfelice et al.	Scielo/ Text Context Nursing	2015	Home birth: Understanding the reasons for this choice.	Aimed to understand the reasons that underlie the choice of homebirth.	This qualitative, exploratory and descriptive study.	The reasons listed show that the acquisition of knowledge is a basic condition to support the decision to give birth at home, in addition to revealing these women’s great dissatisfaction with the current institutionalized model of care during childbirth.

Authors	Data base/Scientific journal	Year of publication	Title of the article	Objective	Methodology	Conclusion
Iara Simoni Silveira Feyer y col.	Scielo/ Esc Anna Nery	2013	Profile of couples who opt for the home birth assisted by obstetric nurses.	Objective of identifying the sociodemographic characteristics of couples who opt for home as a place for the occurrence of childbirth.	Exploratory and descriptive study.	It was identified that most couples were of people with higher education, stable relationship, who lived in their own home and had professional stability. Most of the participants were not from Florianopolis and some couples came from other cities for childbirth to occur in this city.
Vania Sorgatto Collaco et al.	Scielo/ Text Context Nursing	2017	The meaning assigned by couples to planned home birth supported by nurse midwives of the Hanami Team.	To understand the meaning assigned by couples to the experience of planned home birth supported by the nurse midwives of the Hanami team.	Qualitative study in the form of convergent care research.	The positive experience of the couples makes up the meaning that the planned home birth is an ideal consistent with the lifestyle, beliefs, values, and culture, consisting in a reproductive and sexual right.

Authors	Data base/Scientific journal	Year of publication	Title of the article	Objective	Methodology	Conclusion
Heloisa Ferreira Lessa et al.	Scielo/ Online braz j nurs	2014	Social relations and the option for planned home birth: an institutional ethnographic study.	To reveal, with reference to everyday life, the social relations surrounding women's option for planned home births.	Institutional Ethnography.	The empowerment of women in the birth process is essential for maternal-fetal wellbeing.
Renata Marien Knupp Medeiros y col.	Scielo/ Esc Anna Nery	2008	The choice for home birth: The life story of women who have experienced this experience.	The objective was to analyze the factors that influenced the choice of home childbirth, assisted by an obstetrician, from the life story of the women who experienced this experience.	Qualitative study whose method was the life story.	It is concluded that the bond between the obstetric nurse and her client, as well as the respect for their choices, expectations and culture provided safety and reliability to women. The informed choice must be taken as a right.
Bernhard C et al.	WoS/ J Midwifery Womens Health	2014	Home birth after hospital birth: women`s choices and reflections.	The purpose of this research was to explore reasons why these women choose home birth and their perceptions regarding their birth experiences.	Qualitative description was the research design.	With home birth, women felt they were given real choices rather than perceived choices, giving them feelings of empowerment. Felt connected to their bodies during their home birth.

a) Emancipating Dimension of Childbirth: Body sovereignty

Authors	Data base/Scientific journal	Year of publication	Title of the article	Objective	Methodology	Conclusion
Maija-Riitta Jouhki	Scopus/ Midwifery	2017	Giving birth on our owns terms-Women`s experience of childbirth home.	The aim of the present study is to describe women's experiences of giving birth at home and to produce a comprehensive structure of meaning regarding giving birth at home.	A phenomenological study based on analysis of open-interview transcripts using Colaizzi's approach.	Women who have given birth at home experience having control over their own body, the care they are given, and the practical arrangements surrounding the birth. During the birth women feel a sense of connection to their own body, which they trust to tell them what to do.
Clara Fróes de Oliveira Sanfelice y col.	Scielo/ Esc Anna Nery	2015	Social representations about home birth.	To know the social representations about the home birth of women who reset this option before the shortage of studies.	Qualitative, exploratory and descriptive research, based on the theory of social representations.	The analyzed data revealed a social representation: my body, my choices, my childbirth.

a) Emancipating Dimension of Childbirth: Anti-hegemony policy

Authors	Data base/Scientific journal	Year of publication	Title of the article	Objective	Methodology	Conclusion
Melissa Cheyney.	PubMed/ Qual Health Res	2008	Homebirth as systems-challenging praxis: Knowledge, power, and intimacy in the birthplace.	Examine the processes and motivations involved when women in the United States choose to circumvent the dominant obstetric care paradigm by delivering at home with a group of care providers called direct-entry midwives	Using grounded theory, participant observation, and open-ended, semi structured interviewing.	Women who choose to birth at home negotiate fears associated with the "just in case something bad happens" argument that forms the foundation for hospital birth rationales through complex individual and social processes. These involve challenging established forms of authoritative knowledge, valuing alternative and more embodied or intuitive ways of knowing, and knowledge sharing through the informed consent process.

Authors	Data base/Scientific journal	Year of publication	Title of the article	Objective	Methodology	Conclusion
Cláudia Medeiros De Castro.	Scielo/ Cad Saúde Colet.	2015	The senses of the planned home birth for women of the municipality of Sao Paulo, Sao Paulo.	Identify the senses of choice by the home birth of women of average social strata of the municipality of Sao Paulo.	Qualitative research, with the adoption of the social constructionist theory.	The refusal to submit to the hegemonic model of obstetric assistance in the majority of hospitals in the country allowed them to deconstruct the idea of the hospital as the place of childbirth.
Katheryn Worman-Ross.	Wos/ Sociological Spectrum	2013	I wanted empowerment, healing, and respect: Homebirth as challenge to medical hegemony.	To understand their perspectives on power, ideology, and practices in society's hegemonic birth system.	We utilize in-depth interviews.	Participants expressed distinctions between a biomedical and midwifery model. In pursuing “empowerment, healing, and respect,” participants engaged in alternative practices and philosophies, garnered agency and empowerment, and challenged normative medical hegemony.

Table 3: Dimension of Comparative Socio-Medical Childbirth Studies

b) Dimension of Comparative Socio-Medical Childbirth Studies: Home versus hospital

Authors	Data base/Scientific journal	Year of publication	Title of the article	Objective	Methodology	Conclusion
Elena Ortega Barreda y col.	DIALNET/ene revista de enfermería	2017	International overview regarding the recommendations, clinical practice and home birth legislation.	Comparing clinical practice, legislation and requirements in countries with higher birth rates at home.	Bibliographical review.	Similarity is observed in clinical practice, but legislation, funding, and practice requirements vary significantly from one country to another.
Cilene Delgado Crizóstomo et al.	DIALNET/Esc Anna Nery de Enfermagem.	2007	The experience of women in home and hospital childbirth.	To understand the experience of the home and hospital normal childbirth as well as discuss the experiences of women in the two types of childbirth.	Qualitative study with the semi-structured interview.	In this research it was observed that the births that occurred in the home were fast in a natural way, that is of physiological evolution without interventions and especially without complications for the mother and the newborn. The births that took place in the hospital was laborious and more time consuming with many traumatic and unnecessary interventions.

Authors	Data base/Scientific journal	Year of publication	Title of the article	Objective	Methodology	Conclusion
Emily Burns.	WoS/ Social Inclusion	2015	More than four walls: The meaning of home in home birth experiences.	This article will move beyond notions of safety and risk, and present findings on home that focus on the intimate and complex ways the home is reimagined in home birth experiences.	Using qualitative data collected with 59 home birthing women in Australia in 2010.	The focus of much of the hospital and home birthing research exists on a continuum of medicalization, safety, risk, agency, and maternal and neonatal health and wellbeing. While the hospital birthing space has been interrogated, a critique of home birthing space has remained largely absent from the social sciences.

b) Dimension of Comparative Socio-Medical Childbirth Studies: Cost versus effectiveness

Authors	Data base/Scientific journal	Year of publication	Title of the article	Objective	Methodology	Conclusion
María Isabel Fernández Aranda.	DIALNET/ Metas de enfermería	2017	Economic impact of home versus hospital birth.	Knowing and analyzing the cost of home delivery compared to hospital delivery.	A narrative review is made from the bibliographical search for literature.	Home delivery is economically more profitable than childbirth in the hospital. The differences in the results found are due to the differences between the different health system.

b) Dimension of Comparative Socio-Medical Childbirth Studies: Security versus insecurity

Authors	Data base/Scientific journal	Year of publication	Title of the article	Objective	Methodology	Conclusion
Austyn Snowden et al.	BMC/ BMC Pregnancy Childbirth	2011	Concurrent analysis of choice and control in childbirth.	Reports original research on choice and control in childbirth.	The following study uses concurrent analysis to sample and analyze narrative aspects of relevant literature along with these interviews in order to synthesize a generalizable analysis of the pertinent issues.	Women experienced a higher degree of control in hospital, a finding that appeared at odds with contemporary notions of choice. However, this paper contextualizes this finding by presenting narratives that lucidly subscribe to the dominant discourse of hospital as the safest place to give birth, under the premise of assuring a live healthy baby irrespective of their management type.
Catalina Borda Villegas	Scielo/ Rev. Salud pública	2001	Determinants of home birth in Bogotá D.C.	Find an explanation for the occurrence of home births in Bogotá.	Qualitative research.	Factors include the safety and well-being provided by the home, fear and distrust of physicians and hospitals, deficiencies of services in the care of childbirth and the lack of affiliation of pregnant women to the SGSSS (System General of Social Security in Health).

Authors	Data base/Scientific journal	Year of publication	Title of the article	Objective	Methodology	Conclusion
Eduardo Martínez Martín y col.	DIALNET/ Metas de enfermería	2016	Home delivery versus hospital delivery.	Analyze current trends with regard to home delivery.	Bibliographical study.	Studies show that home birth safety is similar to that of hospital delivery, no significant differences have been found in neonatal and maternal morbidity and mortality.

Table 4: Institutional Dimension of Childbirth: Health professionals

c) Institutional Dimension of Childbirth: Health professionals

Authors	Data base/Scientific journal	Year of publication	Title of the article	Objective	Methodology	Conclusion
Tatianne Cavalcanti Frank et al.	Lilacs/ Rev Gaucha Enferm	2013	The perception of professionals regarding planned home birth.	Aimed to understand the perception of professionals regarding planned home birth.	Qualitative study.	The analysis revealed that home, as the care place, allows more prominence to women and family as a result of tranquility, peacefulness and autonomy. The environment is safe as long as some requirements are observed.
Maria Eliane Liégio Matåo y col.	Lilacs/ Rev. Enferm. Cent.-Oeste Min.	2016	The medical vision of childbirth at home: feasible or utopia?	Know what medical practitioners in the obstetric area think about the practice of home childbirth.	Descriptive study, qualitative approach to physician with experience in the obstetric area.	14 obstetricians were interviewed. These for the most part report that home childbirth has no cultural and professional strength to be realized. They presented several negative points, such as lack of appropriate structure and technology, lack of preparation of the medical staff and considered this method outdated in view of the advancement of medicine.

Authors	Data base/Scientific journal	Year of publication	Title of the article	Objective	Methodology	Conclusion
Rainey E et al.	PubMed/Birth	2017	Utah obstetricians' opinions of planned home birth and conflicting NICE/ACOG guidelines: A qualitative study.	Our objective was to examine opinions of obstetricians in Salt Lake City, Utah about home birth in the context of rising home birth rates and conflicting guidelines.	A qualitative study through snowball sampling.	Physician objectivity may be limited by biases against home birth, which stem from limited familiarity with published evidence, negative experiences with home-to-hospital transfers, and distrust of home birth providers in a health care system not designed to support home birth.

c) Institutional Dimension of Childbirth: Governmental institutions / International corporations

Authors	Data base/Scientific journal	Year of publication	Title of the article	Objective	Methodology	Conclusion
Canadian Association of Midwives / Association canadienne des sages-femmes.	CAM ACSF/ Canadian midwives org.	2013	Position statement on home birth.	Make a public statement on home birth.	Public declaration based on a Narrative review.	To ensure women's choice and safe access to planned home birth, CAM/ACSF calls on every province and territory to expand regulated and funded midwifery services. Midwives in Canada should provide all women with informed choice about planned home birth.

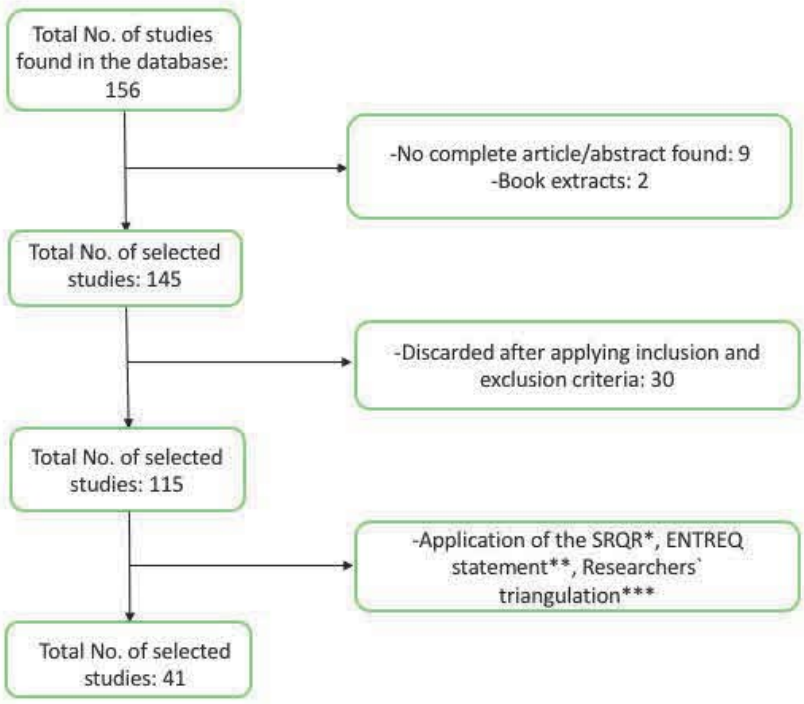
Authors	Data base/Scientific journal	Year of publication	Title of the article	Objective	Methodology	Conclusion
Frank A. Chevernak et al.	PubMed/ BJOG	2017	The European Court of Human Right on Planned home birth: resolution of a paradoxical ruling.	The European Court of Human Rights issued its judgment in the case of Krejzová v. the Czech Republic, which concerned the policy of the Czech State not to provide skilled attendance by midwives at planned home births.	Study of a case.	This resolution implies that obstetricians should oppose attendance at planned home birth when the best available evidence documents increased neonatal or maternal risk, by recommending against planned home birth to women who express an interest in it, and make hospital birth safer and as homelike as possible.
The Society of Obstetricians and Gynaecologists of Canada (SOGC)	J Obstet Gynaecol Can.	2010	Returning Birth to Aboriginal, Rural, and Remote Communities.	SOGC policy statement	Narrative review.	The SOGC strongly supports and promotes the return of birth to rural and remote communities for women at low risk of complications. Training and protocols need to be established to ensure proper identification of women with low-risk pregnancies.

Authors	Data base/Scientific journal	Year of publication	Title of the article	Objective	Methodology	Conclusion
The American College of Nurse-Midwives.	American College of Nurse-Midwives Clinical Bulletin.	2015	Midwifery provision of home birth services.	The purpose of this clinical bulletin is to review the evidence on provision of care to women and families who plan to give birth at home, including roles and responsibilities, shared decision making, informed consent, and ongoing assessment for birth site selection.	Narrative review.	Home birth provides an unequaled opportunity to investigate physiologic birth, examine the importance of criteria currently used to select birth settings, establish an evidence base for the essential components of midwifery care, and document long-term consequences of birth experiences and birth outcomes in relation to place of birth.

Table 5: Cultural Dimension of Childbirth

d) Cultural Dimension of Childbirth: Cultural perceptions						
Authors	Data base/Scientific journal	Year of publication	Title of the article	Objective	Methodology	Conclusion
Christiana R Titaley et al.	BMC/ BMC Pregnancy Childbirth	2010	Why do some women still prefer traditional birth attendants and home delivery? a qualitative study on delivery care services in West Java Province, Indonesia.	Explore the perspectives of community members and health workers about the use of delivery care services in six villages of West Java Province.	Qualitative study using focus group discussions (FGDs) and in-depth interviews.	The use of traditional birth attendants and home delivery were preferable for some community members despite the availability of the village midwife in the village. Physical distance and financial limitations were two major constraints that prevented community members from accessing and using trained attendants and institutional deliveries.
Cephas Sialubanje et al.	BMC/ BMC Pregnancy Childbirth	2015	Reasons for home delivery and use of traditional birth attendants in rural Zambia: a qualitative study.	Aimed to identify reasons motivating women to giving birth at home and seek the help of TBAs (traditional birth attendants).	Qualitative study using focus group and interviews.	Our findings show that women's lack of decision-making autonomy regarding child birth, dependence on the husband and other family members for the final decision, and various physical and socioeconomic barriers.

Authors	Data base/Scientific journal	Year of publication	Title of the article	Objective	Methodology	Conclusion
Iara Simoni Silveira Feyer y col.	Scielo/ Rev. Bras. Enferm.	2013	Care rituals performed by families in the planning for the experience of planned home childbirth.	Understand the rituals of care performed by families during the preparation for the experience of planned home childbirth.	Ethnographic research. The techniques of data collection were the participant observation and the interview.	The house is designed by families as a sacred place for the experience of an experiment that adds existential values to the physiologic act of birth.
Susana Cecagno y col.	Scielo/ Texto Contexto Enferm.	2004	Home birth assisted by midwives in the mid-twentieth century in a cultural perspective.	Investigate and understand the experience of the birth process in the home assisted by midwives in the middle of the last century.	Qualitative, descriptive and exploratory.	At the end of this study it is considered that the understanding of the birth process means to go beyond the act of the parturition itself, meaning to understand the woman as a whole, inserted in a context filled with a culture with beliefs and values.
Celmira Laza Vásquez	Scielo/ Rev Cubana Salud Pública	2015	Factors related to the preference of women in rural areas by the traditional midwife.	Describe the factors influencing women´s preference for the care of the traditional midwife.	Qualitative documentary study through content analysis.	Fundamental factors are economic barriers which are set as a hindrance to access to institutional care for childbirth.



*SRQR: Standards for Reporting Qualitative Research
**ENTREQ: Enhancing transparency in reporting the synthesis of qualitative research
***Researchers` triangulation as a validation method.